



# **Department of Transportation Drug and Alcohol Awareness Training**



**Federal  
Aviation  
Administration**

**January 1995**



U.S. Department  
of Transportation

**Federal Aviation  
Administration**

Office of the Administrator

800 Independence Ave., S.W.  
Washington, D.C. 20591

DEC 23 1994

Dear FAA Employees:

As most of you know, the Department of Transportation (DOT) has been conducting drug testing for several years of employees in safety- or security-sensitive positions. I am pleased to report that our work force has a very low rate of positive tests as indicated by the results to date. I believe that this is a clear indication of the professionalism and seriousness with which our employees approach their responsibilities.

It is this same commitment to safety that has prompted Congress and the DOT to initiate a program of alcohol testing. Although I anticipate that evidence of alcohol use will be low among our work force, identification of those few persons with problems related to alcohol will allow us to assist them in getting help and further guarantee the safety of the National Airspace System.

The training program outlines the policies and procedures related to the existing drug testing program and new program for alcohol testing. It also provides information about the impact of alcohol on the lives of individuals who abuse alcohol and/or those around them. We are confident this information will help in the identification, treatment, and support of our employees who need help.

Sincerely,

  
David R. Hinson  
Administrator

## **DISCLAIMER**

**The information and examples shown in the training video should not be used as the sole basis for disciplinary action. Please consult with your Employee Relation Representative before taking disciplinary action. No particular individual was depicted or represented in this film. If you have any question concerning the contents of this video please contact your Regional Drug Program Coordinator.**

	<u>Page</u>
INTRODUCTION .....	1
FAA's Goal .....	1
Training .....	1
Training Materials .....	2
To Begin Training .....	2
Icons .....	2
To Complete Training .....	3
DEPARTMENT OF TRANSPORTATION (DOT) REGULATIONS .....	5
DOT Overview .....	7
FAA Policy .....	8
Consequences For Violations .....	9
Who is Tested? .....	9
DOT Tests For .....	10
Specific DOT Testing Requirements .....	11
Exercise 1 .....	15
UNDERSTANDING ADDICTION .....	17
Substance Abuse .....	19
Breaking the Dependency .....	20
The Rehabilitation/Treatment Process .....	21
Recovery .....	22
Exercise 2 .....	24
DRUG AND ALCOHOL TESTING PROCESS .....	25
Exercise 3 .....	33
COMMON QUESTIONS ABOUT ALCOHOL AND TESTING .....	37
Exercise 4 .....	39



	<u>Page</u>
EMPLOYEE ASSISTANCE PROGRAM (EAP) .....	41
EAP Services .....	43
Confidentiality .....	43
Solution-Oriented Therapy .....	44
Success of EAP .....	44
Contacting EAP .....	44
Consultations For All Employees and Family/Household Members .....	45
Supervisory Referral .....	46
Costs .....	46
EAP Phone Number .....	46
 ENABLING AND DENIAL .....	 49
Enabling and Denial .....	51
Why Does Enabling Occur .....	51
 SUPERVISORY/EMPLOYEE ACTION .....	 55
Introduction .....	57
Identification .....	57
Documentation .....	58
Intervention .....	59
 SUPERVISOR LOG SHEET .....	 67
 GLOSSARY .....	 69
 APPENDIX A .....	 A-1
 APPENDIX B .....	 B-1
 APPENDIX C .....	 C-1
 APPENDIX D .....	 D-1
 APPENDIX E .....	 E-1

### FAA'S GOAL

The FAA's mandate is to maintain safety of the National Airspace System (NAS). The ultimate purpose of the Department of Transportation (DOT) and the Federal Aviation Administration (FAA) Drug-Free Workplace Program is to achieve a workplace that is drug- and alcohol-free. As an employer with responsibility for aviation safety, the FAA is especially concerned when a personal decision can affect the safety of the flying public. The FAA knows that its workforce is dedicated and professional. However, because alcohol is readily available and alcoholism is a disease and not a weakness, some of the workforce, or even members of their own family may be affected.

### TRAINING

By taking this training program you will be able to:

- Summarize congressional mandates for a drug-free transportation industry;
- Describe the FAA's policy on drug and alcohol use in the workplace;
- Describe the responsibilities of all FAA employees in regard to the DOT drug and alcohol policies;
- Recognize that alcoholism is a treatable disease;
- Demonstrate an awareness of effects and costs of drug and alcohol abuse;
- Describe the drug testing process and procedures;
- Describe the alcohol testing process and procedures;
- Identify the criteria for violations of the regulations;
- Provide information on FAA's Employee Assistance Program (EAP); and
- Describe the roles of employees and supervisors in the DOT drug-free and alcohol-free program.

# INTRODUCTION

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## TRAINING MATERIALS

Accompanying this workbook is a videotape entitled "FAA/DOT Substance Abuse Training."

Some of the topics covered in this training appear in both the workbook and the videotape while other topics are explained only in the workbook.

The workbook includes exercises on information covered in the videotape and information summarized in the workbook. The answers to the exercises can be found at the end of the videotape. You can check your work at the end of the training session.

The videotape and workbook provide the directions you will need to complete this training session. Follow the directions to work your way through the material.

This information is consistent with the material provided with individual notices sent to each employee.

## TO BEGIN TRAINING

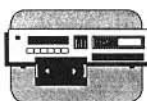
Each section begins with an instructional page that outlines the topics, estimates the time to complete the section, and provides the directions for completing the section.

## ICONS

In this workbook, you will see icons. Icons are visual cues to help guide you through this workbook. Each icon is described below.



Notice the suggested time that you should allow for a section.



Play the videotape for the section.



Read the workbook material that is identified in the directions for the section.



Complete the exercise in the section.

## INTRODUCTION

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### TO COMPLETE TRAINING

Taking the training involves five steps:

- Read the workbook;
- Watch the videotape;
- Complete the exercises;
- Check your answers at the end of the videotape; and
- Complete the DOT Supervisor Training Log Sheet.

**Important:** Before you end the training session, if you are a supervisor, you **must** complete the DOT supervisor Training Log Sheet that is found on page 67 of the workbook. This Log Sheet verifies your required training attendance at this training session and **must** be given to your office's training coordinator.

This workbook is yours to keep as reference material.



**TOPIC**

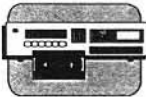
- Videotape Segment I: Overview of DOT Drug and Alcohol Program Requirements

**TIME**

Approximately 5 minutes

**DIRECTIONS**

Begin the training session by watching the first videotape segment, which provides an overview of the DOT drug and alcohol program requirements. Directions on the videotape will tell you when to stop the videotape and return to the workbook.



View Segment I of the videotape now.

## TOPICS

- DOT Overview
- FAA Policy
- Roles and Responsibilities
- Consequences of Policy Violations
- Who is Tested?
- For What Drugs Does DOT Test?
- Specific DOT Testing Requirements
- Written Exercise 1: DOT Regulations

## TIME



Approximately 20 minutes

## DIRECTIONS

Now that you have viewed Segment I of the videotape, read the information on pages 7-14. These pages provide more in-depth information on the DOT drug and alcohol program requirements that you saw outlined in the videotape. A brief summary of the policies is also included in this section.

On pages 11-14 are the specific DOT drug and alcohol testing regulations.



Complete Exercise 1 on page 15 when you have finished reading this section.

**DOT  
OVERVIEW**

It is the policy of the Department of Transportation to ensure the establishment and maintenance of a drug-free workplace as intended by Executive Order (E.O.) 12564, dated September 15, 1986. The Agency has been mandated by the Omnibus Transportation Employee Testing Act of 1991 to conduct testing for alcohol as well as drugs. These regulations, which apply to over 33,000 employees in safety- and security-sensitive positions, are designed to improve the safety and security of the Government, the employees, and the general public.

Collectively, the drug and alcohol regulations require:

- A written drug and alcohol policy;
- Drug and alcohol testing for employees in safety-sensitive positions;
- Drug testing for employees in security-sensitive positions;
- Supervisor and employee education and training; and
- Access to an Employee Assistance Program.

Everyone has certain responsibilities to meet DOT regulations.

**FAA's  
Responsibilities**

Establish a drug and alcohol program. Develop drug and alcohol policies and procedures in compliance with regulations. Educate employees about drugs and alcohol. Provide employees with an opportunity for rehabilitation and access to an EAP. Ensure that management officials receive training.

**Supervisor  
Responsibilities**

Supervisors as employees must comply with regulations. Attend drug and alcohol awareness training. Know drug and alcohol regulations. Learn signs of drug use and alcohol misuse. Inform employees of the dangers of drugs and alcohol. Initiate corrective action for noncompliance. Know where employees can go for help.

**Employee  
Responsibilities**

Abstain from illegal drug use and alcohol misuse. Attend drug awareness training, if required. Abide by the drug and alcohol regulations. Undergo drug and alcohol testing, including random testing, in accordance with regulations.

DOT requires all of its employees to be drug-free. The term "drug-free" means in compliance with DOT's drug and alcohol policies, which follow.

## FAA POLICY

### FAA's Written Drug and Alcohol Policies

FAA's drug and alcohol policies are described in: "Drug and Alcohol-Free Departmental Workplace, DOT Order 3910.1C."

The actions that FAA prohibits with regard to controlled substances and alcohol both on- and off-the-job are described below.

*For all employees, FAA prohibits...*

...the use, whether on- or off-duty, possession, distribution, trafficking, purchase, or sale of any controlled substance (as defined in Title 21 U.S.C. 802(6)), and the use of alcohol while on duty. Employees in non-Testing Designated Positions (TDP)\* are prohibited from on-duty use, on-duty impairment, possession, distribution, or trafficking of controlled substances.

*In addition, for safety-sensitive employees, FAA prohibits...*

Alcohol misuse concentration. A covered employee is prohibited from reporting for duty or remaining on duty while having an alcohol concentration of 0.04 or greater on a confirmation test.

On-duty alcohol use. A covered employee is prohibited from use of alcohol while on duty. Employees in non-TDPs are prohibited from the use of alcohol while on duty (as specified in 41 CFR 101-20.307).

*(The unauthorized use of prescription or over-the-counter medications containing alcohol, such as alcohol-based cough medication, is included under this prohibition.)*

\* Testing Designated Positions - These are positions characterized as critical safety or security responsibilities, related to the mission of the Department of Transportation. The job functions associated with these positions have a direct impact on public health and safety, the protection of life and property, law enforcement, or national security. These positions require the highest degree of trust and confidence. A complete list of FAA TDPs is located in Appendix D of this document.



Pre-duty alcohol use. No covered employee shall use alcohol for eight hours for all controllers and four hours for all other safety-sensitive positions preceding the performance of safety-sensitive functions. This includes both paid and non-paid breaks during the workday.

Use of alcohol following an accident. No covered employee required to take a post-accident test for alcohol shall use alcohol within eight hours following an accident in which the employee has actual knowledge of the accident and in which management has not completely discounted his or her involvement as a contributing factor to the cause of the accident, or has not completed a post-accident test.

Refusal to submit to a required drug or alcohol test. No employee or applicant shall refuse to submit to a drug or alcohol test required by this order.

### **CONSEQUENCES FOR VIOLATIONS**

Employees who violate the drug and alcohol policies are subject to disciplinary actions up to removal. Specifications for violations are described in the "DOT Drug and Alcohol Testing Order." These consequences can be found on pages IX-1 to IX-3 of the Order and are displayed in the flowcharts later in this workbook.

### **\*WHO IS TESTED?**

DOT/FAA regulations require that employees who work in safety-sensitive positions be subject to both drug and alcohol testing. These positions are referred to as Testing Designated Positions or TDP's. All positions which are occupied by individuals with TOP SECRET or higher security clearances are also subject to drug testing but not alcohol testing.

\* Specific categories of positions can be found in Appendix D.

A safety-sensitive/security-critical position is a position which requires the highest degree of trust and confidence. The job functions associated with these positions have a direct and immediate impact on:

- Public health and safety;
- The protection of life and property;
- Law enforcement; and
- National security.

### DOT TESTS FOR:

DOT conducts testing for:

- Alcohol (to detect the consumption by safety-sensitive employees of any beverage, mixture, or preparation, including any prescription or over-the-counter medication containing alcohol);
- Amphetamines;
- Cocaine;
- Phencyclidine (PCP);
- Marijuana; and
- Opiates - codeine, morphine, and heroin as indicated.

The Use and Effects Chart on page C-1 provides more information on these drugs and drug metabolites.

Alcohol testing procedures are provided on pages 20-23 in this workbook and described in the videotape. (Also available, through the FAA Drug Program Coordinators, is a videotape on the procedures involved in drug testing entitled "A Day in Random Drug Testing." Please note, however, that this tape does not present split sample procedures.)

**SPECIFIC DOT  
TESTING  
REQUIREMENTS**

Minimum standards have been established for drug and alcohol testing programs of FAA employees, including testing of employees with safety-sensitive functions for the use of controlled substance and the misuse of alcohol. An employee is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform such duties. The following summarizes these requirements for each of the drug testing categories at FAA.

**Pre-Employment**

All applicants for Testing Designated Positions must test negative for drugs and alcohol before being hired. In the instance of details or temporary assignments to TDPs, testing will be done if the detail is expected to exceed 90 days.

**Random**

FAA employees in TDPs must submit to unannounced testing for drugs or alcohol. Random testing uses an indiscriminate selection process where every employee in a TDP has the same chance of being selected for testing. There are two random testing components within the FAA. One is for alcohol and one is for drugs. Random drug testing must be performed at an annual rate not to exceed 25 percent, except for CDL holders who will be tested at 50 percent. Random alcohol testing must be performed at an annual rate of 25 percent.

**Reasonable  
Suspicion**

An FAA employee in a TDP will be subject to a drug and/or alcohol test when performance or behavior of the employee strongly suggest illegal drug use or alcohol misuse on- or off-duty.

Reasonable-suspicion testing, for drugs or drugs and alcohol, as appropriate, may be required of any employee when management has reasonable suspicion that an employee has violated the prohibitions of Order DOT 3910.1C.

This type of testing shall be conducted as soon as possible following the belief that an employee, subject to Order DOT 3910.1C has used illegal drugs or misused alcohol. This belief must be based on specific objective facts and reasonable inferences drawn by an appropriate management official from these facts in light of experience. Reasonable suspicion does not require certainty; however, mere "hunches" are not sufficient to meet this standard. Reasonable suspicion testing shall only be ordered by a management official after receiving the concurrence of appropriate legal counsel in the Operating Administration (OA).

Reasonable suspicion may be required for an employee in a non-TDP when management believes there is evidence of on-duty use or on-duty impairment. Employees in a non-TDP shall *not* be tested for alcohol under Order DOT 3910.1C.

Documentation shall be developed describing the circumstances which formed the basis that reasonable suspicion exists to authorize such testing. This documentation shall be maintained in accordance with Privacy Act requirements and applicable agency procedures.

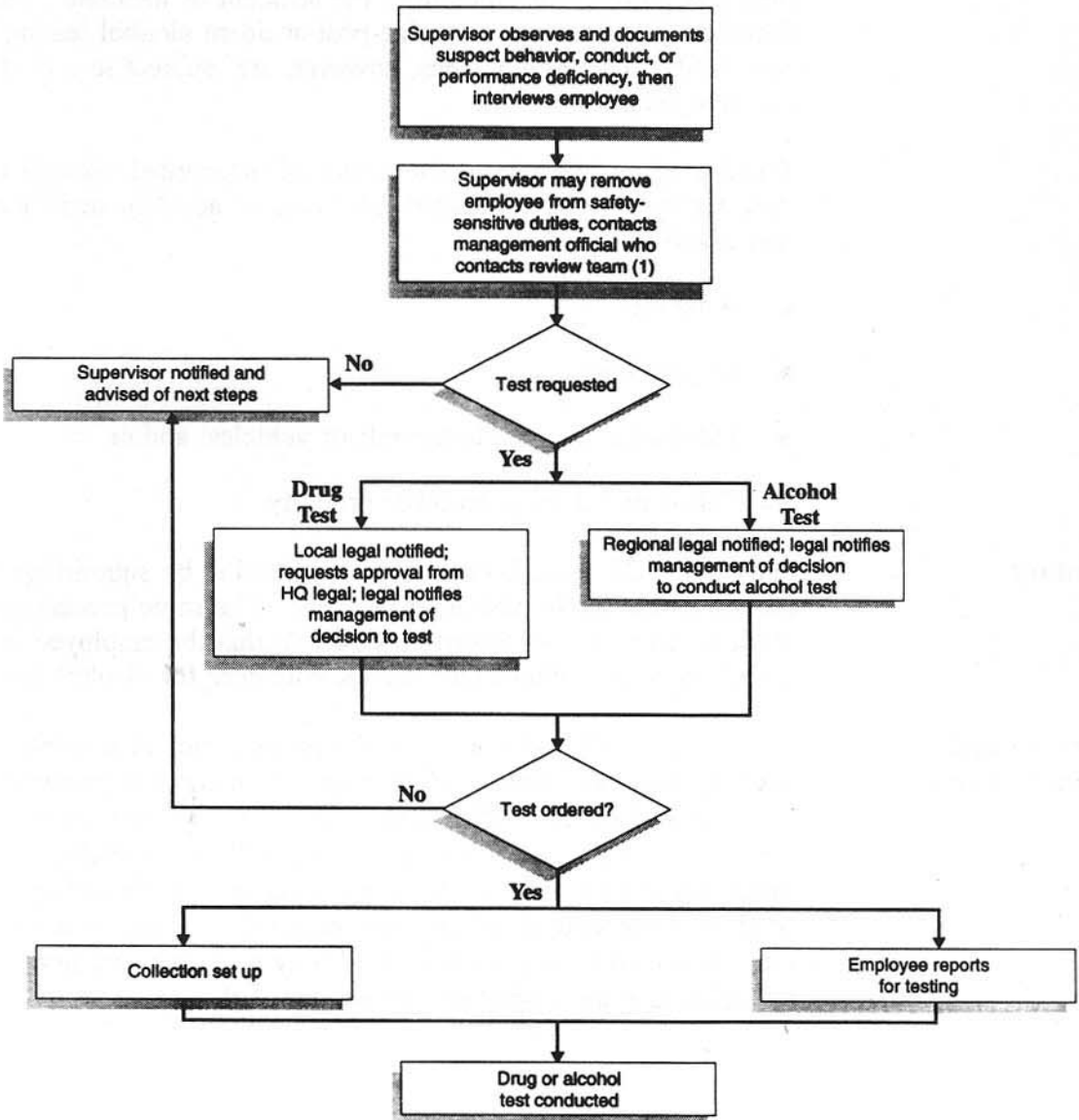
If there is a concern for safety because of an employee's behavior or performance, the employee shall immediately be removed from safety-sensitive duties.

In these situations, or when a supervisor requests a test for alcohol and/or drugs, the appropriate steps include:

- Where possible enlist aid of union representatives and fellow supervisors or Human Resources representative.
- Document observed facts (what you saw, heard, smelled, etc.)
- Document employee responses and his/her explanation for performance.
- Contact FAA Security for investigation, if appropriate.
- Obtain/describe physical evidence that may be present (bottles, pills, needles, etc.) and give disposition of evidence (held or submitted to Security). The supervisor must write down, chart, or document physical evidence obtained, and must note by whom and how it was handled to insure there is a record of a safe and secure chain of custody.
- Discuss your documentation with your immediate supervisor, Employee Relations representative within the Human Resources department, Legal Counsel, and the union representative as soon as possible after the incident in question.
- Refer to the "Reasonable Suspicion" flowchart on the following page for more information on this process.



## Reasonable Suspicion Testing- Drug or Alcohol



(1) Reasonable Suspicion Review Team consists of Regional Drug Program Coordinator (DPC), Regional Labor Relations Division, Regional Security Division, Regional Legal Office, and MRO

### Post-Accident

The decision to conduct a post-accident test will be based on the relevant information available to management at or about the time of the accident or incident. Whenever physically possible, an alcohol test will normally be performed within two hours and no more than eight hours following an accident or incident and a drug test within four hours after the accident or incident. The Omnibus Act does not authorize post-accident alcohol testing for non-TDPs. These employees, however, are subject to a post-accident drug test.

When a person's performance cannot be discounted, alcohol and drug testing will be conducted following an accident or incident that involves:

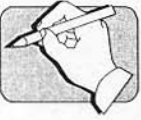
- A fatality;
- Serious injury;
- Substantial damage to aircraft or vehicles; and/or
- Substantial damage to other property.

### Voluntary

Only non-TDP may volunteer for drug testing by submitting a request to his/her immediate supervisor. The same procedures as random testing are followed in the event that the employee is called for a test. Non-TDPs cannot volunteer for alcohol testing.

### Follow-up and Return-To-Duty

Prior to an employee's return to the performance of a safety- or security-sensitive position, after engaging in conduct prohibited by the drug and alcohol policies, the employee must test negative on a return-to-duty test. Follow-up testing will be conducted for a minimum of one year. Follow-up testing will be for either drugs or alcohol (depending on the prior prohibited behavior) unless there is evidence that the individual may be a polysubstance user, in which case the employee will receive both tests.

**EXERCISE 1: DOT REGULATIONS**

**Directions:** Read and answer each question.

Check your answers at the completion of the training. The answers can be found in Appendix E, or you can refer back to the material.

1. The primary reason for DOT drug and alcohol testing regulations is to improve \_\_\_\_\_ in the workplace.
2. DOT requires individuals in \_\_\_\_\_ positions to be drug and alcohol tested.
3. Complete the list of current drug categories by filling in the missing category for which DOT requires testing.
  - a. Alcohol
  - b. Amphetamines
  - c. \_\_\_\_\_
  - d. Marijuana
  - e. Opiates
  - f. Phencyclidine (PCP)
4. List two responsibilities you have as a supervisor to help meet DOT regulations.

Responsibility:

Responsibility:

5. FAA policy prohibits the use of alcohol within eight hours preceding the performance of safety-sensitive functions for most employees.

True

False

## TOPICS

- Chemical Dependency
- Alcoholism
- Codependency & Enabling
- Exercise 2: Understanding Addiction

## TIME



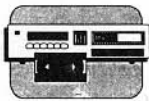
Approximately 25 minutes

## DIRECTIONS

Watch Segment II of the videotape, then read pages 19-23 for information on chemical dependency, alcoholism, and codependency and enabling. At different points in your reading, you will be directed to view additional brief segments of the videotape.



Complete Exercise 2 on page 24 when you have read the topic materials and viewed the video segments.



View Segment II of the videotape now.



### **SUBSTANCE ABUSE**

Drug or alcohol dependency, or addiction, is characterized by loss of control. Alcohol or drug dependent individuals repeat their behavior despite their awareness of the possible negative consequences.

A first step to understanding an alcohol or drug dependent person is to realize that people do not choose to become addicts. Although not apparent, most alcohol or drug dependent persons would choose to stop the dependency, if they could. Due to behavioral, biochemical, and psychological influences that progressively bond the user with the drug or alcohol, most users cannot overcome their addiction without professional assistance.

The dependency can cause job performance to be erratic and often follows a downward spiral of deterioration. How fast people can go down that spiral varies. To compound the problem, drug or alcohol dependent people are typically unresponsive to traditional supervisory coaching and disciplinary procedures.

The progression of the dependency follows four stages:

**Stage 1:** People learn that drugs or alcohol can affect their mood, providing a temporary mood swing to euphoria.

**Stage 2:** People seek the mood swing in social situations; able to control time, quantity and outcome of use; social users remain in this phase; drug/alcohol dependent individuals progress to Stage 3.

**Stage 3:** Harmful dependency; periodic loss of control; may not predict outcome once drug/alcohol use has begun; growing preoccupation with use; lifestyle changes which revolve around drug/alcohol; health, personal philosophy, emotional stability and relationships become adversely affected.

**Stage 4:** In this stage, people use drugs/alcohol to try to feel normal or to ward off depression and guilt; blackouts occur more frequently; high social and health costs; family life nonexistent or dysfunctional.

## UNDERSTANDING ADDICTION

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There are several points to think about in dealing with employees who have problems which may be drug- or alcohol-related:

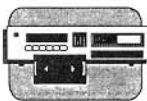
- Recognize the natural tendencies in yourself to enable others.
- Realize that the sooner an employee faces the problem, the sooner the performance will be turned around.
- Realize that you are hurting an employee by letting him or her continue to be a poor performer. This is especially true if you are dealing with an alcohol or other drug dependent individual.
- If you find yourself spending more and more time with one employee, you could have an employee with a problem, but not necessarily with drugs or alcohol.
- Problems stemming from drugs and alcohol don't go away on their own; they only get worse.
- Ask your EAP for assistance in how to work with employees who have performance/conduct deficiencies.

The way you choose to handle an employee with a problem can make you part of the solution, or part of the problem.

### **BREAKING THE DEPENDENCY**

Ultimately, breaking the dependency is a difficult process. This process can only start when a drug/alcohol dependent person gets help. The drug or alcohol dependent person may recognize a problem when he or she experiences the negative consequences of his or her behavior, and at that point may seek help.

As a supervisor/employee, you can have an impact on coworkers with drug or alcohol problems. You can play a significant role in encouraging coworkers to seek treatment.



View Segment III of the videotape now.

### THE REHABILITATION/ TREATMENT PROCESS

The rehabilitation/treatment process begins when the employee recognizes he/she has a problem and seeks help. The employee signs a release of information form and the licensed EAP professional is legally permitted to inform the agency's EAP Manager, the Flight Surgeon, and the facility/sector manager that the employee is seeking treatment for a substance abuse problem. Management must temporarily remove the safety/sensitive-related employee from his or her safety duties.

An EAP assessor, state licensed as an addiction expert and mental health professional, will conduct a chemical dependency evaluation. The evaluation report is sent to the agency's EAP Manager and Flight Surgeon, who then prepare the treatment/rehabilitation agreement which is signed by the employee, the Flight Surgeon and the EAP Manager. This agreement states what type of treatment is required (e.g., initially residential or intensive outpatient, 12-Step meetings, individual and group counseling, etc.)

The rehabilitation process is broken down into three phases.

#### **Phase I**

Consists of initial treatment, which can be outpatient at a local facility; or inpatient at a residential hospital or clinic. The EAP contractor assigns each employee an individual case manager. The individual case manager is a licensed counselor with an addictions background who is responsible for monitoring the employee's treatment and helping to identify potential relapse triggers before a relapse occurs. The employee begins continuing/aftercare during Phase I which can include 12-Step meetings that will last the duration of the entire rehabilitation process. Phase I generally lasts a minimum of 30-60 days.

#### **Phase II**

Phase II begins when the employee returns to safety-sensitive duties following a satisfactory evaluation by the Flight Surgeon, which includes a negative Return-to-Duty urine drug test or breath sample. Unannounced Follow-Up urine drug or breath sample tests will be conducted during Phase II for a minimum of twelve months from the date of the return-to-duty test; however this period of rehabilitation and testing may be extended if circumstances warrant. The individual case manager will monitor

## UNDERSTANDING ADDICTION

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the employee by continuing to schedule ongoing face-to-face meetings.

### Phase III

Phase III begins when the employee successfully remains abstinent and completes all the conditions of the signed rehabilitation/treatment agreement. The employee receives a congratulatory letter applauding his or her efforts in remaining abstinent. Neither the EAP nor Aviation Medicine monitor the employee any more. The employee may elect on his or her own initiative to continue with 12-Step meetings and any other activities that may help the employee remain abstinent.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) provides resources to the public regarding substance abuse, addiction and recovery processes, and other related issues. They can provide charts, including a Glatt chart, to those who want further information on this topic. NIAAA is located at:

6000 Executive Boulevard  
MSC 7003  
Bethesda, MD 20892-7003.

Their phone number is (301) 443-3860. The FAA's EAP can also provide more information about this and other topics.

## RECOVERY

When a confirmed positive drug or alcohol test triggers the employee into entering rehabilitation, management will remind the employee in writing that the employee has had his or her one opportunity for rehabilitation under the DOT drug and alcohol testing program policy.

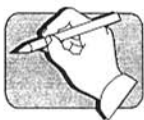
In understanding rehabilitation and treatment agreements, we must realize that no two clients are exactly alike. Therefore, no two treatment/rehabilitation agreements will be exactly alike. There are a number of factors affecting the development of a successful rehabilitation/treatment agreement. These factors include:

- The degree of addiction and the stage of addiction in which the employee is in, (i.e., early, middle, or late stage of addiction);
- Polydrug (more than one drug) abuse and/or psychological

problems;

- Level and intensity of employee denying that he or she has an addiction problem;
- Previous attempts at abstinence;
- Social support system(s), (i.e., family, friends, community);
- History of addiction in the family; and
- Physical health of the employee.

Licensed EAP professionals and treatment providers remain focused on the objective, which is to return healthy, reliable employees to their safety-related duties. The agency's EAP has a higher success rate than the national average: approximately 80 percent for alcohol and around 60 percent for cocaine and marijuana cases. We attribute these high rehabilitation success rates to the employees' motivation and the quality treatment providers identified by the EAP, as well as the close monitoring conducted by the individual case managers.



### EXERCISE 2: UNDERSTANDING ADDICTION

**Directions:** Read and answer each question.

Check your answers at the completion of the training. The answers can be found in Appendix E, or you can refer back to the material.

1. In Stage Four of the progression of dependency, a person uses drugs/alcohol to \_\_\_\_\_ or ward off depression and guilt.
2. Which of the following is considered the point at which the rehabilitation/treatment process actually begins?
  - a. When the person enters a rehabilitation program
  - b. When the person completes the out-patient portion of a rehabilitation program
  - c. When the person is diagnosed with a drug and/or alcohol problem
  - d. When the person recognizes he/she has a problem and seeks help
3. A treatment/rehabilitation agreement is signed by the employee, EAP Manager, and
  - a. Flight Surgeon
  - b. Representative from FAA Legal
  - c. Treatment provider
  - d. Employee's supervisor
4. FAA's EAP has a success rate of approximately 45% for cocaine and marijuana cases.

True

False

## TOPICS

- Videotape Segment IV: Drug and Alcohol Testing Process
- Exercise 3: Drug and Alcohol Testing Process

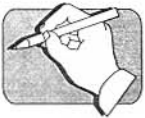
## TIME



Approximately 15 minutes

## DIRECTIONS

Review the flowchart on the Random Drug Testing Process on pages 26-27 and the Alcohol Testing Flowchart on pages 28-31. Then, continue the training session by watching the fourth videotape segment, which explains the drug and alcohol testing process. Directions on the videotape will tell you when to stop the videotape and return to the workbook.



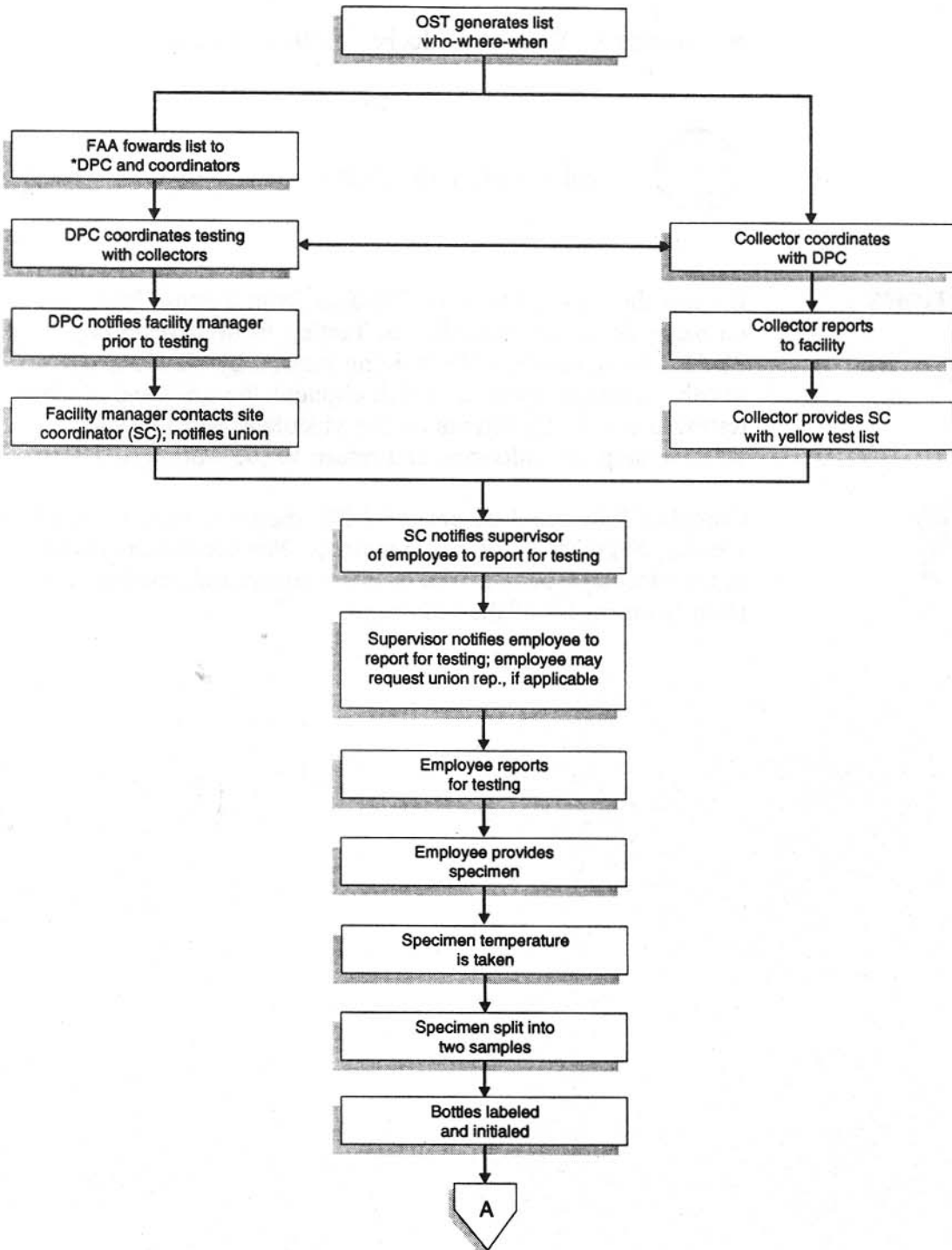
Complete Exercise 3 on pages 33-35 when you have finished viewing Segment IV of the videotape. Pay careful attention to the videotape because the exercise covers information from Segment IV of the videotape.



# DRUG AND ALCOHOL TESTING PROCESS

## Random Drug Test

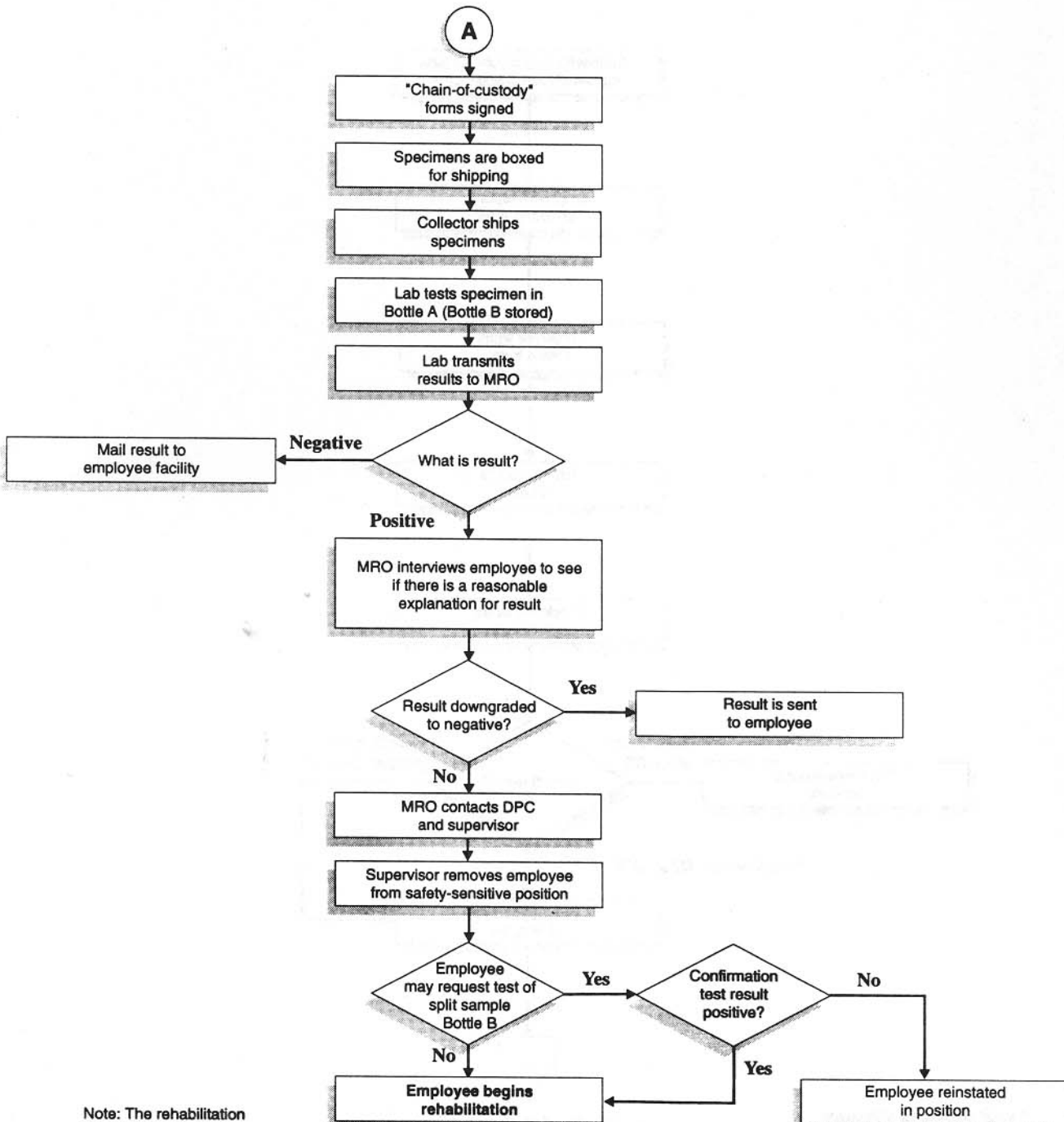
(Pg. 1 of 2)



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## Random Drug Test

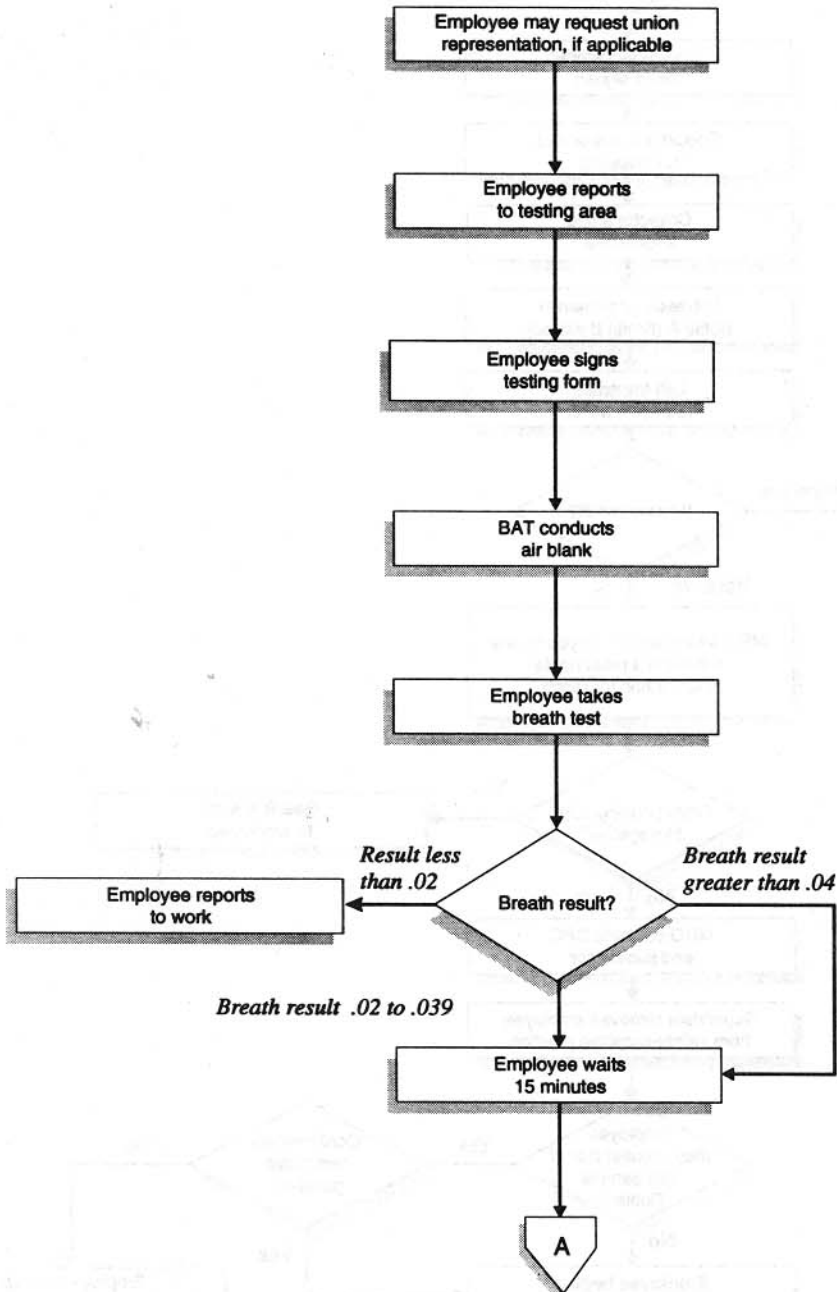
(continued) pg. 2 of 2



Note: The rehabilitation process is presented in a separate flowchart.

The videotape contains information about the drug and alcohol testing process.

## Alcohol Testing\*

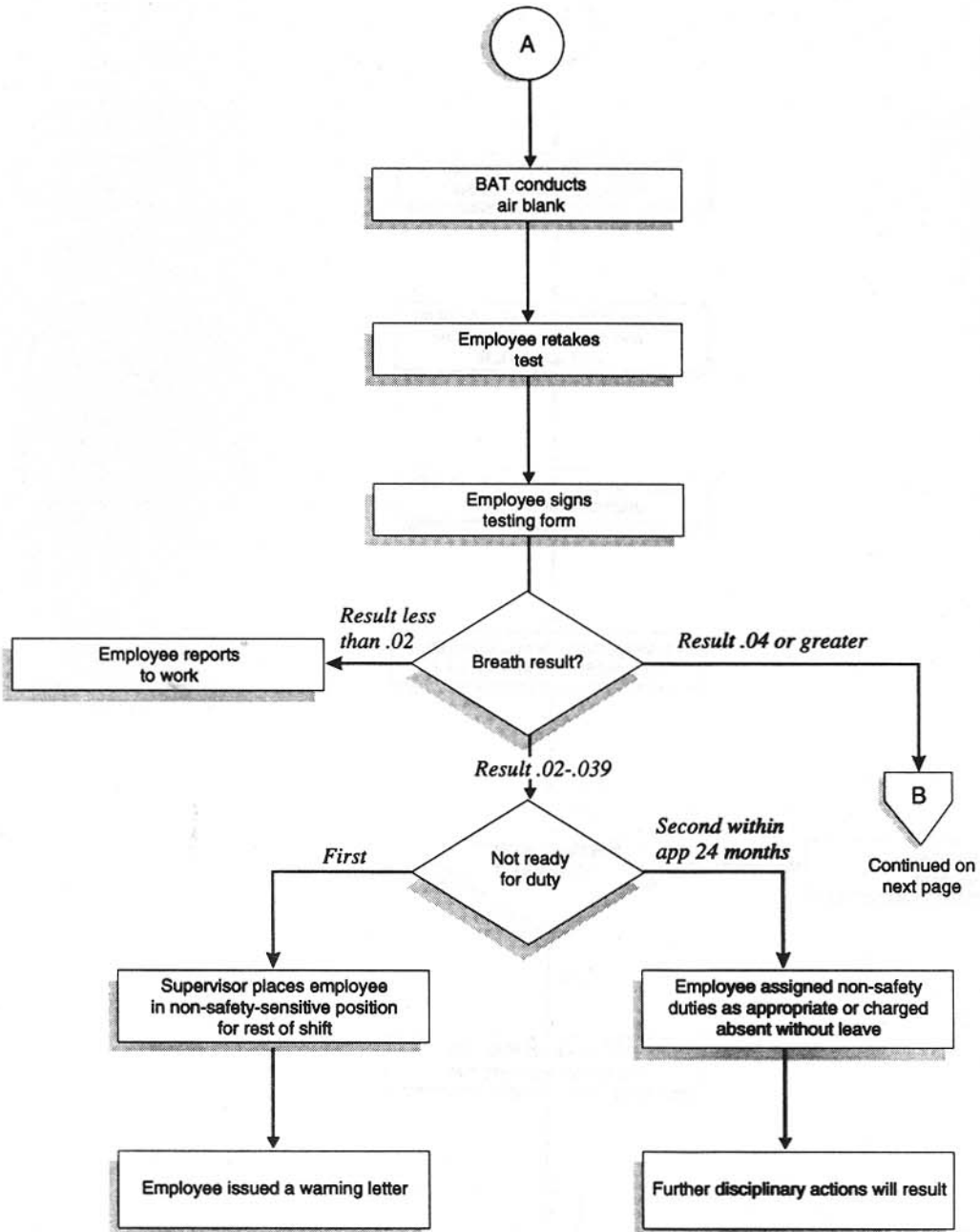


\* Initial process for distribution of test lists is the same as for drug testing.

(continued on next pages)

## Alcohol Testing

(continued) pg. 2 of 4

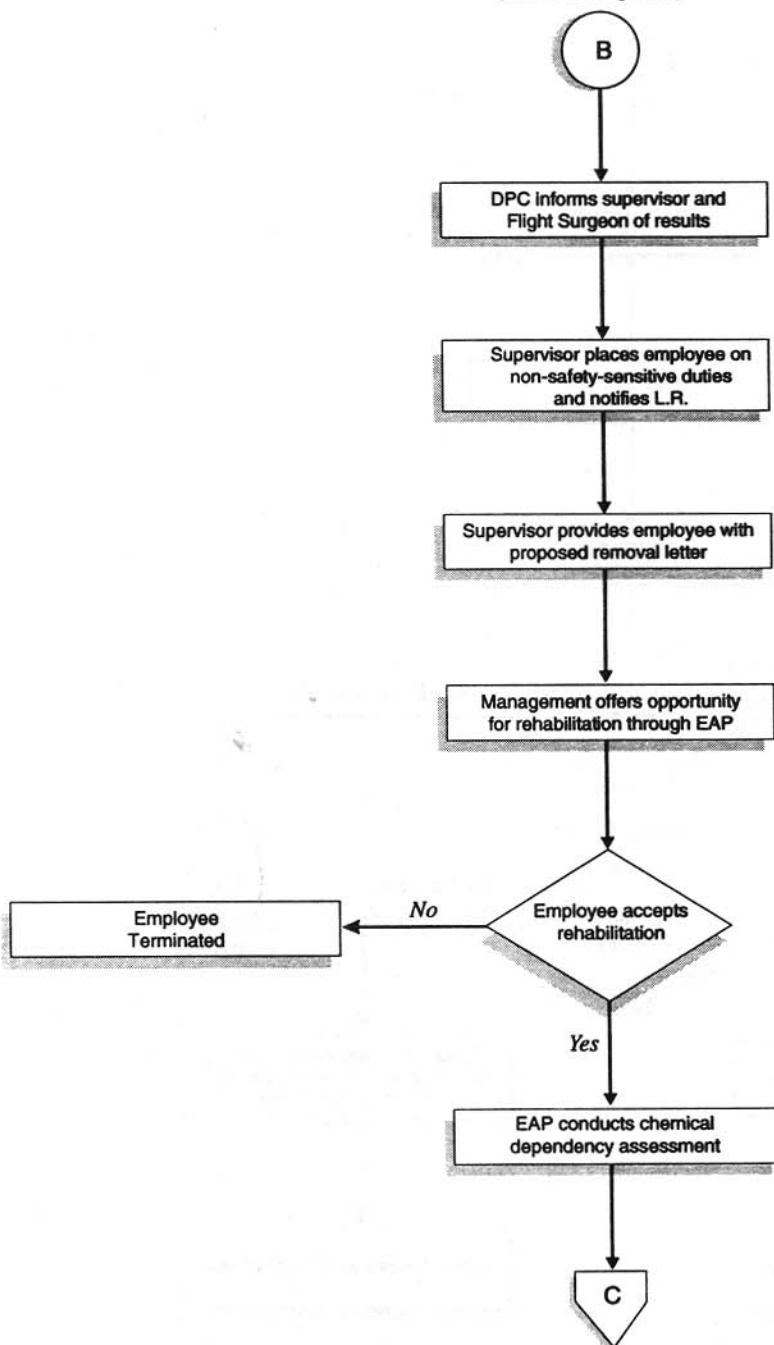


Note: The second not ready for duty can occur at another testing time.

## Alcohol Testing

(continued) pg. 3 of 4

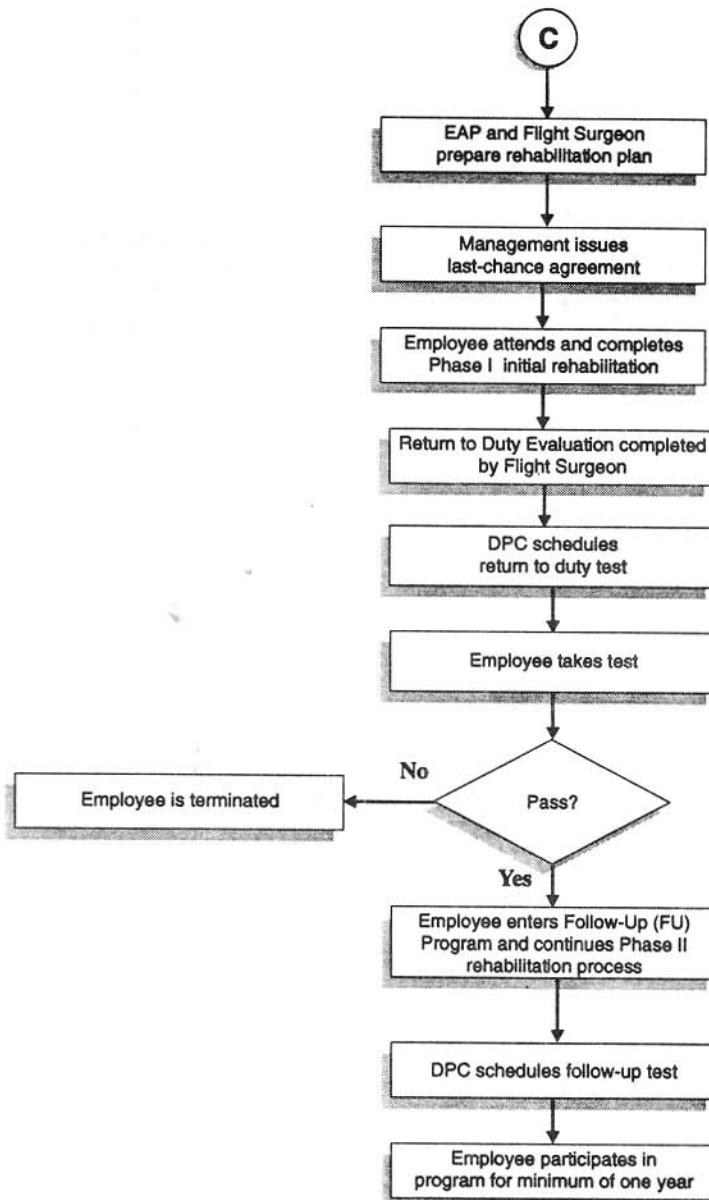
(Result .04 or greater)

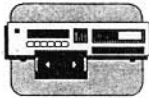


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## Alcohol Testing

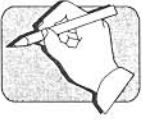
(continued) Pg. 4 of 4





View Segment IV of the videotape now.





### EXERCISE 3: DRUG AND ALCOHOL TESTING PROCESS

**Directions:** Read and answer each question. Feel free to review the material.

Check your answers at the completion of the training. The answers can be found in Appendix E.

#### Drug Testing Questions

1. DOT regulations require drug testing.  
  
True                      False
  
2. Can a supervisor order a reasonable suspicion drug or alcohol test only on his/her own authority?  
  
Yes                      No
  
3. Whom do you first contact to request a reasonable suspicion test?  
  
☐ a. FAA Legal Department  
☐ b. Drug Program Coordinator  
☐ c. Facility/Sector Manager  
☐ d. Flight Surgeon
  
4. The ultimate approval for a reasonable suspicion drug test is provided by the  
  
☐ a. Supervisor.  
☐ b. FAA Headquarters Legal Department.  
☐ c. Drug Program Coordinator.  
☐ d. Facility Manager.
  
5. The Medical Review Officer (MRO) reviews all laboratory-confirmed positive drug test results.  
  
True                      False

## DRUG AND ALCOHOL TESTING PROCESS

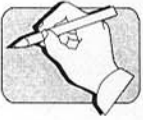


### EXERCISE 3: DRUG AND ALCOHOL TESTING PROCESS (cont'd)

6. To help safeguard each specimen, the \_\_\_\_\_ form is used to document the hand-to-hand transfer and storage of your specimen.
- a. Collection Notification
  - b. Chain-of-Custody
  - c. MRO Paperwork
  - d. Special Handling
7. The purpose of a split specimen is to protect the \_\_\_\_\_. The \_\_\_\_\_ can request that the split be tested at a second Health and Human Services (HHS) certified laboratory.
- a. Employee
  - b. FAA
  - c. Supervisor
  - d. Drug Program Coordinator

#### Alcohol Testing Questions

8. Alcohol testing is conducted every time a drug test is performed.
- True                      False
9. A positive alcohol test is one with a test result of \_\_\_\_\_ or greater.
- a. 0.02
  - b. 0.04
  - c. 0.05
  - d. 0.10
10. The Breath Alcohol Technician is prohibited from performing external calibration checks on an Evidential Breath Testing device that has been factory-sealed.
- True                      False



### EXERCISE 3: DRUG AND ALCOHOL TESTING PROCESS (cont'd)

11. A screening and confirmation test cannot be conducted on the same Evidential Breath Testing device.
- True                      False
12. Each alcohol test is conducted using a new \_\_\_\_\_.
- a. Evidential Breath Testing device
  - b. Mouthpiece
  - c. Procedure
  - d. Specimen bottle

## TOPICS

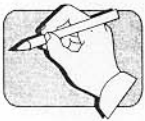
- Estimated Breath Alcohol Concentration
- Videotape Segment V: Common Questions About Alcohol and Alcohol Testing
- Exercise 4: Common Questions About Alcohol and Alcohol Testing



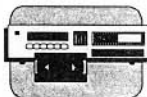
Approximately 10 minutes

## DIRECTIONS

Continue the training session by watching the fifth videotape segment which discusses common questions about alcohol and testing. Directions on the videotape will tell you when to stop the videotape and return to the workbook.



Complete Exercise 4 on page 39 when you have finished viewing Segment V of the videotape. Pay careful attention to the videotape because the exercise covers information from Segment V. One of the exercise questions also pertains to the blood alcohol concentration information in Appendix B. The software described in Appendix B is available for purchase for \$25.00.



View Segment V of the videotape now.



### EXERCISE 4: QUESTIONS ABOUT THE ALCOHOL TESTING PROCESS

**Directions:** Read and answer each question.

Check your answers at the completion of the training. The answers can be found in Appendix E.

1. The breath alcohol concentration level used to determine illegal intoxication for automobile drivers is lower than the cut-off level set for FAA safety-sensitive employees.  
  
True                      False
2. A(n) \_\_\_\_\_ can detect alcohol concentration levels as well as tests run on a blood sample.
  - a. Urine analysis
  - b. Blood Alcohol Concentration Chart
  - c. Gas Chromatography/Mass Spectrometry
  - d. Evidential Breath Testing Device
3. Using mouthwash prior to an alcohol test can result in a positive screening and a negative confirmation test.  
  
True                      False
4. Breath alcohol concentration (BAC) is highly related to the amount of alcohol consumed over time. BAC is also influenced by a person's gender, \_\_\_\_\_, number of drinks consumed, and time over which drinking occurred.
  - a. Race
  - b. Height
  - c. Family history
  - d. Weight

### TOPICS

- Videotape Segment VI: Employee Assistance Program (EAP)
- EAP Services
- Success of EAP
- Contacting EAP
- Confidentiality
- Costs
- EAP Locations and Phone Numbers

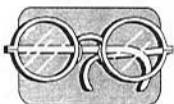
### TIME



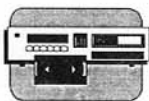
Approximately 15 minutes

### DIRECTIONS

Continue the training session by watching Segment VI of the videotape, which explains the Employee Assistance Program (EAP). Directions on the videotape will tell you when to stop the videotape and return to the workbook.



Read pages 43-47 for information on FAA's EAP, including the services it offers and its 24-hour numbers, when you have finished viewing Segment VI of the videotape.



View Segment VI of the videotape now.

### EAP SERVICES

Since 1979, FAA's EAP has been helping individuals cope, adjust, and recover from emotional, personal, and family problems, or from alcohol or other drug-related problems.

FAA's EAP offers a wide range of services to employees, immediate family members, household members, and people who have retired in the last year along with their families. The licensed, clinical EAP professionals are trained to assess, diagnose, refer, and educate. These professionals can help you to identify and handle the causes of your difficulties, thereby gaining a broader perspective of your problems.

The reason to use the EAP is to address any personal problem that persists, including:

stress	emotional troubles
anxiety	psychological troubles
depression	grief
marital troubles	family troubles
child abuse	spouse abuse
eating disorders	phobias
legal troubles	gambling
drug or alcohol abuse	financial troubles
occupational concerns	

### CONFIDENTIALITY

Federal and state regulations stipulate that EAP records be held confidential. EAP professionals respect and protect the privacy of their clients. Information discussed with a licensed EAP professional is not released to the agency without a client-signed release form specifying to whom the licensed EAP professional can speak.

Confidentiality cannot be maintained in rare cases such as child abuse, suicide, homicide, elder abuse, and serious alcohol or other drug use that presents an immediate risk to self or others. However, FAA management is not necessarily given information on these cases. State-level organizations may be the appropriate parties to intervene. If an employee in a safety-sensitive position acknowledges having a drug or alcohol problem, the EAP, after the employee signs a release, will inform management so that management can assign the individual to non-safety-sensitive duties until he or she has received treatment and is medically cleared for work.



## EMPLOYEE ASSISTANCE PROGRAM (EAP)

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### **SOLUTION-ORIENTED THERAPY**

The EAP follows a solution-oriented therapy approach to addressing employee problems. The four steps of this approach are:

#### **Clarify the Problem**

- Discuss the situation and help determine what steps to take.

#### **Identify Options**

- Explore alternatives for resolving the problem.

#### **Develop a Plan of Action**

- Decide on a course of action and implement the plan.

#### **Work Together**

- Achieve your goals.

This approach has proven to be effective for over 5,000 FAA employees and family members each year. The flowchart on pages 47-48 describes the phases of the FAA rehabilitation process for a drug or alcohol problem.

### **SUCCESS OF EAP**

The EAP is utilized by approximately 10-12 percent of the workforce in solving all types of personal problems. Employees who have had drug or alcohol problems have achieved a high degree of success in working with the EAP.

### **CONTACTING EAP**

The EAP's 800 number is available 24 hours a day, seven days a week, 365 days a year. Licensed EAP professionals staff this number at all times. The EAP phone number is listed on page 46. Additionally, the licensed EAP professionals accept collect calls at the second number listed.

Employees are encouraged to deal with their problems by contacting the EAP. An employee who voluntarily self-refers to the EAP for substance abuse is not subject to disciplinary action based only on illegal drug use or alcohol misuse provided that he/she:

- Obtains counseling through an approved EAP program and completes an EAP-recommended rehabilitation; AND
- Refrains from any further instance of use of illegal drugs or alcohol misuse in accordance with FAA policies.

The EAP is also available to supervisors who are working with troubled employees. Dealing with job performance problems is never easy. Supervisors are encouraged to call the EAP for a confidential consultation any time they have concerns about an employee.

### **CONSULTATIONS FOR ALL EMPLOYEES AND FAMILY/ HOUSEHOLD MEMBERS**

Frequently when dealing with coworkers, family members, or friends who you think might have a substance abuse problem, you may be uncertain about whether you should do anything, or how to do it. Your licensed EAP professionals are available by phone 24 hours a day to help you discuss your concerns in confidence.

The EAP can help by listening to you. Sometimes, just talking with another person about a problem can help. Also, the licensed EAP professional can explain some of the behaviors which substance abusers may engage in, how the disease can affect a person's relationships with others, and whether it is appropriate for you to consider taking action. If you decide to take action, the EAP can teach you intervention skills and identify resources you can use.

This confidential service is available 24 hours a day to any employee (or family/household member and recent retirees and their family/household members). The EAP will provide help in dealing with someone who may be experiencing difficulties due to substance abuse or other types of personal problems.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

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### SUPERVISORY REFERRAL

As a supervisor, whenever you have an employee whose performance/conduct continues to deteriorate over time and normal supervisory intervention has not solved the problem, you can confidentially consult with the EAP about constructive interventions that may be appropriate.

After you have observed and documented the employee's continued performance/conduct deficiencies, you can tell the employee that you don't know if the employee is having personal problems or not, but that the EAP is available to help. The EAP is voluntary and the supervisor cannot take any action if the employee elects not to go. If the employee does go to the EAP, the supervisor will not know unless told by the employee. (Whether the employee goes to the EAP or not, the employee is still responsible for getting his or her performance/conduct up to acceptable standards. If performance/conduct does not improve, progressive discipline continues which is separate and apart from the EAP. Talk with your Human Resources representative.) If performance/conduct continues to deteriorate, the supervisor can give the employee a written EAP referral which does not become part of the employee's Official Personnel Folder. This written referral is also voluntary. For further information and guidance, refer to "The Employee Assistance Program Desk Guide" or call your EAP.

### COSTS

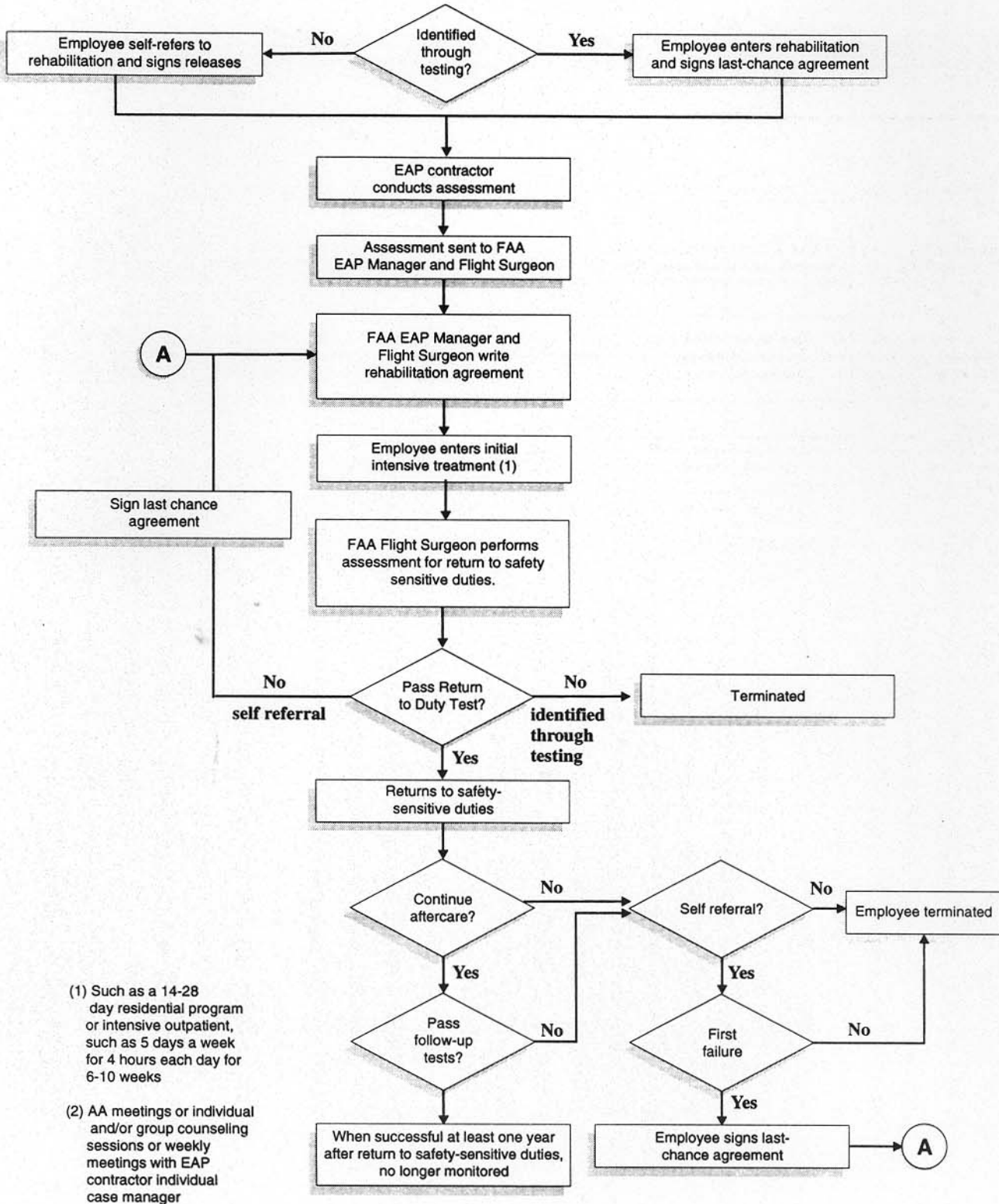
EAP referral and assessment services are paid for by the FAA. Should an employee decide to use additional resources outside of the EAP, he/she will be responsible for any fees associated with using these services. The employee medical benefits plan may cover some of the costs associated with these services. Every problem and every budget is different. Your licensed EAP professional will help you find an affordable solution. The decision to use outside resources is always left up to you.

For specific information on benefits and coverage, refer to your local Human Resources representative or licensed EAP professional.

### EAP PHONE NUMBER

Call **1-800-234-1EAP** 24 hours a day, 7 days a week for assistance. The collect number is: 314-275-7177.

## Rehabilitation Process



### TOPICS

- Enabling and Denial
- Why Enabling Occurs
- Are You an Enabler
- Videotape Segment VII: Enabling and Denial

### TIME



Approximately 15 minutes

### DIRECTIONS

Continue the training session by reading pages 51-52 of the workbook. Then watch Segment VII of the videotape. Then look at the tables on pages 53-54 to better understand your own capacity to become an enabler.



Read pages 51-52 now to learn about enabling and denial.

### **ENABLING AND DENIAL**

Enabling is a term used to describe people involved with the drug or alcohol dependent person in a manner that supports and enables the person to continue his/her addiction. Developing much like an addiction, enabling results in people feeling less functional and less able to fulfill their responsibilities in all facets of their lives. As a result, drug or alcohol dependent people increasingly rely on and take advantage of the network of enabling persons surrounding them. These enablers can include coworkers, supervisors, friends, and family members who take over various parts of the drug or alcohol dependent person's life.

Unknowingly, a supervisor, co-worker, spouse, or friend may actually contribute to the drug or alcohol abuse by making it easier for the user to continue abusing drugs or misusing alcohol. Shielding the abuser from the consequences of the problem only reinforces the abuser's denial of the problem which in turn creates more serious problems later.

People who enable the drug or alcohol dependent person to continue the addiction often deny that there is a problem, or that the problem is as bad as it actually is.

### **WHY DOES ENABLING OCCUR?**

Enabling is like drug or alcohol dependency in that enablers often seem to lose control over their enabling behavior, which they repeat in spite of their intentions not to do so.

Enablers may have learned this behavior earlier in their lives and they bring it into their relationships, including those at the workplace. Some people enable because they feel they are helping a friend and other people enable because it is easier than confronting the problem.

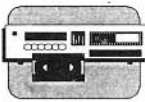
## ENABLING AND DENIAL

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Enabling occurs and is reinforced as there are hidden benefits for enablers. These benefits can include:

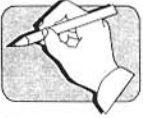
- A misplaced sense of loyalty to the addict;
- The pride of self-sacrifice;
- The avoidance of taking personal risk; and
- The addicted person's behavior becomes something familiar that the enabler "knows how to deal with."

It is important to break through enabling and take action. If you think you could use some guidance before confronting a person with a drug or alcohol problem, call the EAP for free and confidential consultation. If appropriate, confront the person with problems and refer them to the EAP. You will be assisting the person to start the road to recovery.



View Segment VII of the videotape now.





## ARE YOU AN ENABLER?

### Ask yourself.....

- Do you know an employee who is unable to assume the responsibilities required of the job?

Yes                      No

If the answer is YES, have you removed these responsibilities from the job and added them to your or to someone else's job?

- Do you know an employee whom you cannot depend on to be on the job when scheduled and who cannot be depended on to perform the job well when he or she is at work?

Yes                      No

If the answer is YES, do you or other employees assume the duties of this employee?

- Do you know an employee who will not meet deadlines unless you remind him or her repeatedly, and then you or someone else must "doctor" up the work?

Yes                      No

If the answer is YES, do you find yourself consistently warning him or her to improve, and his or her job performance continues to deteriorate?



### ARE YOU AN ENABLER? (cont'd)

- Do you know an employee you consider to be unsatisfactory?

Yes

No

If the answer is YES and you are a supervisor, did you give him or her a satisfactory performance rating during the last rating period?

- If you're a non-supervisory employee, have you or coworkers assumed supervisory duties in order to get the job done?

Yes

No

- Does any employee continue to be problematic despite your action(s)?

Yes

No

If you answered "yes" to any of these questions, you may be enabling -- supporting and/or maintaining an employee's, supervisor's, or coworker's undesirable performance. Poor performance that prompts enabling may not necessarily be caused by or be related to drug abuse or alcohol misuse, but still may warrant intervention. Contact your Employee Assistance Program for guidance.

### TOPICS

- Introduction
- Identification
- Declining Job Performance Indicators
- Signs and Symptoms
- Supervisory Action
- Documentation
- Videotape Segment VIII: Overview

### TIME



Approximately 15 minutes

### DIRECTIONS

Read pages 57-63 for information on actions a supervisor may take when facing an employee problem that may be related to drug or alcohol abuse or misuse. Then continue the training session by viewing Segment VIII of the videotape.

## INTRODUCTION

Taking the first step and documenting and addressing a job performance problem is not easy. Intervention skills are important when you are dealing with any job performance problem, including those which could be caused by alcohol misuse and drug abuse. These interventions are as much for the good of the employee (supervisory and non-supervisory) as the overall safety of the workplace. To effectively support FAA's drug- and alcohol-free workplace, action must be taken early. **Ignoring the problem enables the progression of the problem.**

There are three main steps in taking action. The steps are:

- Identification;
- Documentation; and
- Intervention.

Each is briefly described on the following pages.

**Important:** It is not the intent of this workbook to provide comprehensive instruction on intervention. Supervisory courses are, for example, available through the Center for Management Development (CMD) and the "EAP Supervisory Desk Guide" attached with this document. Your manager or a Human Resources representative has more information on these and other available courses.

## IDENTIFICATION

Identification begins when a significant change in an employee's work performance or behavior is observed. This change could include:

- An employee (supervisory or non-supervisory) who is not performing the minimal requirements of the job that were once met; or
- An employee whose performance significantly deteriorates; or

## **SUPERVISORY/EMPLOYEE ACTION**

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- An employee whose performance or behavior becomes unpredictable, bizarre, or inconsistent; or
- An employee who is continually late or absent from the job.

Although these changes could result from a personal problem unrelated to the job, there is a possibility that these changes could be from drugs or alcohol.

As an employee (non-supervisory or supervisory), you need to be observant and watch for signs such as inappropriate behavior, errors, and carelessness. Noting some of the early signs and symptoms could go a long way to supporting an employee long before his or her safety becomes endangered.

Various signs and symptoms that can be indicators of possible substance use and abuse are included in Appendix C. For further information and clarification, call EAP or Aviation Medicine. Please note, any signs and symptoms alone or combined are not necessarily indicative of drug or alcohol abuse/use and could be the result of other causes or could be normal for given individuals. Observation and documentation of the impact on performance is critical to understanding what is occurring.

For further information on signs of performance problems, please read the "Employee Assistance Program Supervisory Desk Guide" available from your Human Resources division.

### **DOCUMENTATION**

These guidelines apply whenever performance, behavior, or conduct generate concern.

- Relate actions/outcomes to job performance/conduct deficiency.
- Describe specific behaviors and performance/conduct deficiency levels.
- Comply with Equal Employee Opportunity requirements.
- Substantiate evaluations of performance with observations, not judgements.
- Avoid ambiguous words.

### The following are additional suggestions.

- Record occurrences of significant effectiveness and ineffectiveness only.
- For accuracy, document immediately following observation.
- Record observations, interactions, and oral statements accurately.
- Objectively decide whether behavior is truly job related.
- Describe how behavior affects the job, work, and/or coworkers.
- Don't base statements on values.
- Don't refer to employee potential in statements.
- Include date and time of all incidents/observations.
- Sign and date all documentation.

### INTERVENTION

If you are a supervisor dealing with an employee performance problem other than a reasonable suspicion issue, the following considerations will be present in confronting the problem.

People for the most part are reluctant to confront. Confrontation sometimes is seen as a negative action that only results in bad feelings and damaged relationships. However, a positive confrontation can immensely help in improving a negative situation. Generally, supervisors don't know how to conduct a constructive confrontation, and an unsuccessful one can make them feel guilty. However, a constructive confrontation is advisable with an employee who has a long-standing work performance, attendance, and/or conduct problem. The key lies in being prepared: contacting your EAP -- getting yourself ready -- setting the stage -- and anticipating the employee's reactions.

By contacting your licensed EAP professional, you can receive invaluable professional advice about how to prepare yourself for the confrontation with the troubled employee. The licensed EAP professional can coach you on effective techniques involving communicating the need for the employee to improve his or her performance/conduct. Dangerous pitfalls and potential troublesome areas to avoid can be discussed.

Your discussion with the employee will be based on objective performance data, such as job elements and performance standards contained in the appraisal process, rather than vague references to an employee's unsatisfactory job performance. In addition, your discussion should indicate what is acceptable job performance. Such a discussion can prove to be motivational for the employee. Some helpful hints are:

### **Realistic Preparation**

- Select a place and time for the discussion that affords privacy. No one enjoys criticism, however appropriate, but criticism in the presence of coworkers can cause more difficulties than it resolves.
- All absenteeism, tardiness, and poor job performance must be documented. Have this documentation in hand during your discussion with the employee.
- Be consistent. Do not be more tolerant with one employee than you would be with another.
- Be aware of expectations. What is acceptable and unacceptable?
- Attempting to label or diagnose the employee's problem is not your responsibility. Your concern is only with correcting poor job performance/conduct.

### Details of Discussion

- Try to prepare your discussion of performance deficiencies by pointing out that the agency recognizes the employee's value, including years of service, past performance, technical skills, previous level of competence, and dependability.
- Honesty and firmness are a must: Don't hedge, use your documentation outline and tell the employee exactly what performance standard/conduct is unsatisfactory.
- Remember your goal is to restore this person as a productive member of your work team. Base your job performance discussion on just that.

### Follow-Through

- All agency employees are expected to follow agency standards. Make sure your employee understands fully what to expect when indifference or abuse of these standards exists.
- A plan for improvement should be realized. Get a commitment from the employee.
- Schedule meetings for further discussion to monitor improvement in the employee's work/conduct standards.

You may feel hesitant in this process, but it is your job to intervene. You have a legitimate right to confront an employee when the employee's job performance/conduct is below standard. It is highly probable that a troubled employee's performance will improve if he/she is confronted constructively and consistently. On the other hand, if he/she is ignored or warned in an inconsistent manner, it is highly unlikely that his/her performance will improve.



### **A Word of Caution...**

Stay in your role of supervisor and avoid these pitfalls:

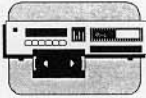
- Don't sermonize or pontificate;
- Don't get into personal matters; Focus on job performance/conduct issues;
- Don't diagnose the problem;
- Don't judge;
- Don't be put off by sympathy-provoking tactics, which could include crying; and
- Don't hesitate to seek confidential advice from your EAP when in doubt, or in obtaining coaching for the confrontational interview.

Try to be as supportive as possible when encouraging the employee to seek help. You can do this by:

- Explaining your legitimate concerns over job performance/conduct;
- Making the offer to help through the EAP;
- Reinforcing the confidentiality of the EAP;
- Emphasizing the professional approach; and
- Explaining the viewpoint of management in supporting EAP.

You need to convince the employee of just one thing: There must be no doubt in the employee's mind that the job performance/conduct is unsatisfactory and that the employee, regardless of personal problems, has a very real problem of job performance/conduct that must be faced now.

There should be no discussion of the underlying cause of the job performance/conduct problems -- even if the supervisor is almost certain as to its nature. The individual should simply be offered a firm, fair choice: accept the help that is offered by the EAP for whatever problem may be causing poor job performance /conduct problems. During your meeting you need to be aware of, and ready for, the fact that the employee may try to use some common defense strategies or traps to sidetrack you.



View Segment VIII of the videotape now.

**Congratulations! You have completed the training session. If you are a supervisor, you must complete the DOT Supervisor Training Log Sheet and give it to your Drug Program Coordinator to verify your required training completion. This workbook is yours to keep.**

**Be sure to check your answers to the exercises in Appendix E.**

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## DOT SUPERVISOR TRAINING LOG SHEET

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### DEPARTMENT OF TRANSPORTATION (DOT) SUPERVISOR TRAINING LOG SHEET

**Directions:** At the end of the training session, complete this Log Sheet to verify your attendance. Please make sure the form is accurate and complete. Send this Log Sheet to the Training Coordinator for your office.

**Date of Training:** \_\_\_\_\_

**Training Time:** \_\_\_\_\_ 120 minutes \_\_\_\_\_

**Employee's Name (print):** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

**Routing Symbol:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_ DOT Drug and Awareness Training \_\_\_\_\_

**Course No.:** \_\_\_\_\_ 00554 \_\_\_\_\_

## GLOSSARY

**Agency Employee Assistance Managers or Coordinators:** The Agency Employee Assistance Managers or Coordinators (EAP) shall be designated by the appropriate management official to participate with the MRO or FMRO, SAP, EAP contractor personnel, and/or DPC in evaluation, diagnosis, counseling, and referral of employees.

**Air blank:** A reading by an evidential breath testing device of ambient air containing no alcohol.

**Alcohol:** The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl or isopropyl alcohol.

**Alcohol concentration (or content):** The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test under this order.

**Alcohol testing (or urine collection) site:** The place designated by DOT where individuals are required to present themselves for the purpose of providing breath for alcohol testing, or urine for drug testing.

**Alcohol use:** The consumption of any beverage, mixture, or preparation, including any medication, containing alcohol.

**Breath Alcohol Technician (BAT):** A person who instructs and assists individuals in the alcohol testing process and operates the evidential breath testing device.

**Canceled test:** In drug testing, a drug test that has been cancelled by the Medical Review Officer (MRO). A canceled test is neither a positive nor a negative drug test. A sample that has been rejected for testing by the laboratory is treated the same as a canceled test. In alcohol testing, a test which has been declared invalid under this order. It is neither a positive nor a negative alcohol test.

**Collector:** A person who instructs and assists individuals in the urine collection process and who receives and makes a screening examination of the urine specimen provided by those individuals. The collector shall also initiate the chain of custody documentation and ship the urine specimen to the laboratory.

**Confirmation (or Confirmatory) test:** In drug testing, a second analytical procedure to identify the presence of a specific drug or metabolite that is independent of the screening test and that uses a different technique and chemical principle from that of the screening test in order to assure reliability and accuracy. (Gas chromatography/mass spectrometry (GC/MS) is the only authorized confirmatory test.) In alcohol testing, a second test, following a screening test with a result of 0.02 or greater, provides quantitative data of alcohol concentration on an Evidential Breath Testing device.

## GLOSSARY

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**Covered employee:** Any DOT employee who occupies a safety- or security-sensitive position.

**Departmental Medical Review Officer:** The Departmental Medical Review Officer (MRO), in accordance with Department of Health and Human Services (HHS) criteria, is a licensed physician (Medical Doctor or Doctor of Osteopathy), responsible for receiving laboratory results generated by the agency's drug testing program. The MRO has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive result together with his or her medical history and any other relevant biomedical information.

**Drug metabolite:** the specific substance produced when the human body metabolizes a given prohibited drug as it passes through the body.

**Drug Program Coordinators:** The Drug Program Coordinators (DPCs) are responsible for implementing this Drug and Alcohol Free Workplace Order and managing the day-to-day operation of the drug and alcohol testing and awareness program within their OAs.

**Enabling:** A process in which persons not addicted to alcohol or drugs act in a way to support the addicted person's behavior.

**Evidential breath testing device (EBT):** A breath testing device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's "Conforming Products List of Evidential Breath Measurement Devices" (CPL).

**Not ready for duty:** The status of an employee with an alcohol concentration equal to or greater than 0.02, but less than 0.04, on the confirmation test.

**Performing a safety-sensitive function:** An employee is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

**Refusal to submit to testing:** An employee is considered to refuse to submit to testing if he or she:

- (1) fails to provide adequate urine for drug testing without a valid medical explanation after he or she has received notice of the requirement for drug testing in accordance with this order;
- (2) fails to provide adequate breath for testing without a valid medical explanation after he or she has received notice of the requirement for breath testing in accordance with this order; or
- (3) engages in conduct that clearly obstructs the testing process, including but not limited to, failure to report to the testing or collection site, or attempts to alter, adulterate, or substitute a urine specimen.

**Screening test (also called Initial test):** In drug testing, an immunoassay screen to eliminate "negative" urine specimens from further analysis. In alcohol testing, an analytical procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath specimen.

**Site Coordinators:** The Site Coordinators (SCs) shall be designated by an appropriate management official to assist the collector or Breath Alcohol Technician (BAT) on the actual day of collection or testing at locations where the DPC is not present.

**Substance Abuse Professional (SAP):** A licensed physician (Medical Doctor or Doctor of Osteopathy; e.g., an FAA Flight Surgeon), or a licensed or certified psychologist, social worker, or Employee Assistance Professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with the knowledge of, and clinical experience in, the diagnosis and treatment of drug- and alcohol-related disorders.



## **APPENDIX A**

### **Resources**

**Drug Program Coordinators and Alternates****Name****Address****Maureen Coe**

Program Officer

Commercial: (202) 267-8043

**Headquarters**

Federal Aviation Administration

National Headquarters

800 Independence Avenue, S.W.

AAM-210

Washington, D C 20591

**Tawawn Harrison-Glymph**

Program Analyst

Commercial: (202) 267-7759

**Tonya Templeton**

Program Analyst

Commercial: (202) 267-3603

**LoLisa Tucker**

Program Assistant

Commercial: (202) 493-4076

Fax: (202) 267-5520 (all)

**Mack Monds**

Commercial: (907) 271-5423

Pager: 1-800-759-7243/Pin 2778212

Fax: (907) 271-3769

**Alaska Region**

Federal Aviation Administration

Alaskan Regional Headquarters

222 West 7th Ave, Box 14,

AAL-306

Anchorage, AK 99513-7587

**Drug Program Coordinators and Alternates**

<b>Name</b>	<b>Address</b>
<b>Wilma Fairman</b> Commercial: (405) 954-6220 Cell Phone: (405) 414-4372	<b>Mike Monroney Aeronautical Center</b> 6500 South MacArthur Blvd. AAM-700 Oklahoma City, OK 73135
<b>Sandra Johnson</b> Commercial: (405) 954-7667  Fax: (405) 954-9112 (all)	
<b>Wanda James</b> Commercial: (816) 329-3253 Cell: (816) 686-5435 Fax: (816) 329-3266	<b>Central Region Headquarters</b> Aviation Medical Division 901 Locust St. ACE-305 Kansas City, MO 64106-2641
<b>Albert Mack</b> Commercial: (718) 553-3303 Pager: 1-888-858-7243/Pin 130991 Fax: (718) 977-6705	<b>Eastern Region Headquarters</b> One Aviation Plaza 159-30 Rockway Blvd AEA-303 Springfield Garden, NY 11435

**Drug Program Coordinators and Alternates**

<b>Name</b>	<b>Address</b>
<b>Bobbie O’Connell</b> Commercial: (847) 294-7712 Pager: 1-800-409-6281 Fax: (847) 294-7808	<b>Great Lakes Regional Office</b> 2300 East Devon Avenue AGL-308 Des Plaines, IL 60018
<b>Barbara McLeod</b> Commercial: (781) 238-7311 Cell: (617) 816-6826 Fax: (781) 238-7306	<b>New England Region Headquarters</b> 12 New England Executive Park ANE-300 Burlington, MA 01803
<b>Patsy Bickford</b> Commercial: (404) 305-6159 Pager: 1-877-871-3254	<b>Southern Regional Headquarters</b> 1701 Columbia Avenue ASO-300S College Park, GA 30337
<b>E. E. Williams (Alternate)</b> Commercial: (404) 305-6155  Fax: (404) 305-6161 (All)	

**Drug Program Coordinators and Alternates**

<b>Name</b>	<b>Address</b>
<b>Jean Choyce</b> Commercial: (817) 222-5303 Pager: 1-877-645-6557 Cell: (817) 691-7584 Fax: (817) 222-5965	<b>Southwest Regional Headquarters</b> 2601 Meacham Boulevard ASW-303 Ft. Worth, TX 76137
<b>Ruth T. Arnold</b> Commercial: (310) 725-3784 Pager: 1-877-402-6388 Fax: (310) 725-6844	<b>Western-Pacific Regional Headquarters</b> 15000 Aviation Boulevard AWP-330 Lawndale, CA 90261-1000

**Federal Aviation Administration  
EAP Managers**

Headquarters National EAP Manager	Frank Pirhalla AHL-100	202-267-9651	800-234-1EAP
Aeronautical Center	William Clear AMH-100	405-954-7956	800-234-1EAP
Alaskan Region	Rosanna Shaw AAL-16	907-271-4986	800-234-1EAP
Central Region	Jean Hampton ACE-15	816-329-2680	800-234-1EAP
Eastern Region	Bill Tolan AEA-15	718-553-4149	800-234-1EAP
Great Lakes Region	Nora Jácome AGL-17	847-294-7416	800-234-1EAP
New England Region	Charlie Pagnini ANE-16	781-238-7284	800-234-1EAP
NW Mountain	Ann Purcell ANM-10	425-227-2023	800-234-1EAP
Southern Region	Paul Bennett ASO-16	404-305-5307	800-234-1EAP
Southwest Region	Jenny Francia ASW-16G	817-222-5817	800-234-1EAP
Technical Center	Leona Wilkes ACT-17	609-485-8897	800-234-1EAP
Western-Pacific	Cindy Lopez-Hickson AWP-16	609-485-8897	800-234-1EAP

## **APPENDIX B**

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**COMPUTING A BLOOD ALCOHOL CONCENTRATION (BAC) ESTIMATE**

What is the BAC of a 125 pound woman, who is not an experienced drinker, who drinks four beers in two hours? According to a recent National Highway Traffic Safety Administration (NHSTA) survey, most Americans think that drivers should not drink alcohol and then drive. Nonetheless, our legal system generally relates certain offenses to the amount of alcohol detected in a driver's body. The amount of alcohol is usually referred to as BAC – blood alcohol concentration -although it is also measured in breath. Specifically, BAC refers to either blood alcohol concentration, stated as grams per 100 milliliters of blood, or breath alcohol concentration, stated as grams per 210 liters of breath.

BAC is highly related to the amount of alcohol consumed over time. However, BAC is influenced by other factors, and the complex relationship makes it difficult for people to easily estimate BACs.

Work conducted as part of a NHTSA report to Congress on alcohol limits for drivers resulted in a useful tool that enables anyone with access to an IBM-compatible personal computer to estimate BAC based on a person's weight, gender, number, of drinks consumed, and times over which drinking occurred.

The estimated of BAC should not be used by individuals to decide whether or not to drive after drinking – impairment can result from any amount of alcohol. However, the BAC Estimator does provide the best available approximation of the number of drinks it takes for individuals to reach specific BACs.

When legislators debate bills which reference particular BACs, statements are often made regarding how much drinking would be, and would not be, permitted prior to driving. Until now, expert testimony would be required to confirm or deny such statements. However, the BAC Estimator is currently available to the public in the form of a computer disk.

To purchase a copy of the BAC Estimator disk, contact the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161, or call NTIS at (703) 605-6000.

For additional information, contact the Problem Behavior Research Division, NHSA, NTS-32, 400 seventh St. SW, Washington, DC 20590. The phone number is (202) 366-9591.

Note: The 125 pound woman referenced above would have a BAC of .11.

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## **APPENDIX C**

Drugs	CSA Schedules	Trade or Other Names	Medical Uses
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## Narcotics

Heroin	I	Diacetylmorphine, Horse, Smack	None in U.S., Analgesic, Antitussive
Morphine	II	Duramorph, MS-Contin, Roxanol, Oramorph SR	Analgesic
Codeine	II,III,V	Tylenol w/Codeine, Empirin w/Codeine, Robitussin A-C, Fiorinal w/Codeine, APAP w/Codeine	Analgesic, Antitussive
Hydrocodone	II,III	Tussionex, Vicodin, Hycodan, Lorcet	Analgesic, Antitussive
Hydromorphone	II	Dilaudid	Analgesic
Oxycodone	II	Percodan, Percocet, Tylox, Roxicet, Roxicodone	Analgesic
Methadone and LAAM	I,II	Dolophine, Methadose, Levo-alpha-acetylmethadol, Levomethadyl acetate	Analgesic, Treatment of Dependence
Fentanyl and Analogs	I,II	Innovar, Sublimaze, Alfenta, Sufenta, Duragesic	Analgesic, Adjunct to Anesthesia, Anesthetic
Other Narcotics	II,III,IV,V	Percodan, Percocet, Tylox, Opium, Darvon, Talwin <sup>®</sup> , Buprenorphine, Meperidine (Pethidine), Demerol	Analgesic, Antidiarrheal

## Depressants

Chloral Hydrate	IV	Noctec, Somnos, Felsules	Hypnotic
Barbiturates	II,III,IV	Amytal, Florinal, Nembutal, Seconal, Tuinal, Phenobarbital, Pentobarbital	Anesthetic, anticonvulsant, sedative, hypnotic, veterinary euthanasia agent
Benzodiazepines	IV	Ativan, Dalmane, Diazepam, Librium, Xanax, Serax, Valium, Tranxene, Verstran, Versed, Halcion, Paxipam, Restoril	Antianxiety, sedative, anticonvulsant, hypnotic
Glutethimide	II	Doriden	Sedative, hypnotic
Other Depressants	I,II,III,IV	Equanil, Miltown, Noludar, Placidyl, Valmid, Methaqualone	Antianxiety, Sedative, Hypnotic

## Stimulants

Cocaine <sup>1</sup>	II	Coke, Flake, Snow, Crack	Local anesthetic
Amphetamine/Methamphetamine	II	Biphetamine, Desoxyn, Dexedrine, Obetrol, Ice	Attention deficit disorder, narcolepsy, weight control
Methylphenidate	II	Ritalin	Attention deficit disorder, narcolepsy
Other Stimulants	I,II,III,IV	Adipex, Didrex, Ionamin, Melfiat, Plegine, Captagon, Sanorex, Tenuate, Tepanil, Prelu-2, Preludin	Weight control

## Hallucinogens

LSD	I	Acid, Microdot	None
Mescaline and Peyote	I	Mescal, Buttons, Cactus	None
Amphetamine Variants	I	2, 5-DMA, STP, MDA, MDMA, Ecstasy, DOM, DOB	None
Phencyclidine and Analogs	I,II	PCE, PCPy, TCP, PCP, Hog, Loveboat, Angel Dust	None
Other Hallucinogens	I	Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn	None

## Cannabis

Marijuana	I	Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Sticks	None
Tetrahydrocannabinol	I,II	THC, Marinol	Antinauseant
Hashish and Hashish Oil	I	Hash, Hash oil	None

## Anabolic Steroids

Testosterone (Cypionate, Enanthate)	III	Depo-Testosterone, Delatestryl	Hypogonadism
Nandrolone (Decanoate, Phenpropionate)	III	Nortestosterone, Durabolin, Deca-Durabolin, Deca	Anemia, breast cancer
Oxymetholone	III	Anadrol-50	Anemia

# Disturbances/Uses and Effects

	Physical	Dependence Psychological	Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdose	Withdrawal Syndrome
ve	High	High	Yes	3-6	Injected, sniffed, smoked	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills and sweating
	High	High	Yes	3-6	Oral, smoked, injected			
	Moderate	Moderate	Yes	3-6	Oral, injected			
	High	High	Yes	3-6	Oral			
	High	High	Yes	3-6	Oral, injected			
	High	High	Yes	4-5	Oral			
nce	High	High	Yes	12-72	Oral, injected	Slurred speech, disorientation, drunken behavior without odor of alcohol	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
	High	High	Yes	10-72	Injected, transdermal patch			
	High-Low	High-Low	Yes	Variable	Oral, injected			
	Moderate	Moderate	Yes	5-8	Oral			
ve nent ant	High-Mod.	High-Mod.	Yes	1-16	Oral, injected			
	Low	Low	Yes	4-8	Oral, injected			
	High	Moderate	Yes	4-8	Oral	Increased alertness, excitation, euphoria, increased pulse rate & blood pressure, insomnia, loss of appetite	Agitation, increased body temperature, hallucinations, convulsions, possible death	Apathy, long periods of sleep, irritability, depression, disorientation
	Moderate	Moderate	Yes	4-8	Oral			
	Possible	High	Yes	1-2	Sniffed, smoked, injected			
	Possible	High	Yes	2-4	Oral, injected, smoked			
sy	Possible	High	Yes	2-4	Oral, injected			
	Possible	High	Yes	2-4	Oral, injected			
	None	Unknown	Yes	8-12	Oral	Illusions and hallucinations, altered perception of time and distance	Longer, more intensed "trip" episodes, psychosis, possible death	Unknown
	None	Unknown	Yes	8-12	Oral			
	Unknown	Unknown	Yes	Variable	Oral, injected			
	Unknown	High	Yes	Days	Oral, smoked			
	None	Unknown	Possible	Variable	Smoked, oral, injected, sniffed			
	Unknown	Moderate	Yes	2-4	Smoked, oral	Euphoria, relaxed inhibitions, increased appetite, disorientation	Fatigue, paranoia, possible psychosis	Occasional reports of insomnia, hyperactivity, decreased appetite
	Unknown	Moderate	Yes	2-4	Smoked, oral			
	Unknown	Moderate	Yes	2-4	Smoked, oral			
	Unknown	Unknown	Unknown	14-28 days	Injected			
	Unknown	Unknown	Unknown	14-21 days	Injected			
	Unknown	Unknown	Unknown	24	Oral			

<sup>1</sup> Designated a narcotic under the CSA

<sup>2</sup> Not designated a narcotic under the CSA

## **APPENDIX D**

## Federal Aviation Administration-TDPs

	Drug Only	Drug & Alcohol
Computer Operators (in Airway Facilities in ARTCCs) GS-332		X
Engineering Technicians (in Airway Facilities) GS-802 <sup>b</sup>		X
Electronics/Systems Engineers (in Airway Facilities) GS-855 <sup>c</sup>		X
Electronics Technicians (in Aviation Standards National Field Office) GS-856 <sup>c</sup>		X
Electronics Technicians (in Airway Facilities) GS-856 <sup>d</sup>		X
Civil Aviation Security Specialists GS-1801 <sup>e</sup>		X
Criminal Investigators GS-1811		X
Aviation Safety Inspectors GS-1825 <sup>e</sup>		X
Airway Transportation System Specialist GS-2101		X
Air Traffic Control Specialists GS-2152 <sup>e</sup>		X
Air Traffic Assistants GS-2154		X
Inspection/Flight Test Pilots GS-2181		X
Maintenance Mechanics (in Airway Facilities) WG-4749 <sup>f</sup>		X
Transportation Equipment Operation Family WG-57XX	X	X <sup>a</sup>
Aircraft Mechanics WG-8852		X

- a. Positions requiring CDL's are subject to both drug and alcohol testing.
- b. Except GS-802 employees assigned to Field Maintenance Party staff and Facilities and Equipment staff.
- c. Only those individuals assigned certification responsibilities and their first level supervisors.
- d. Except those GS-856 employees assigned to the Facilities and Equipment staff and regional office staff.
- e. Only GS-1801 (including Federal Air Marshals), GS-1825, and GS-2152 employees who are required to take periodic physical exams to retain medical clearances.
- f. Except those individuals who are not targeted for safety related positions (will never certify equipment) and/or are assigned to Field Maintenance Party staff positions.

Source: DOT ORDER 3910.1C, Appendix, p.4

## **APPENDIX E**

**ANSWERS TO EXERCISE QUESTIONS**

**Exercise 1 – Page 15**

1. safety and security
2. safety-sensitive
3. Cocaine
4. Any two of the following:

Comply with regulations

Attend drug and alcohol awareness training

Know drug and alcohol regulations

Learn signs of drug use and alcohol misuse

Inform employees of the dangers of drug and alcohol

Initiate corrective action for non-compliance

Know where employees can go for help

5. True

**Exercise 2 – Page 24**

1. Try to free normal
2. d. When the person recognizes he/she has a problem and seeks help
3. a. Flight Surgeon
- 4.
5. False

**Exercise 3 - Page 33-35**

1. True
2. No
3. c. Facility Manager
4. b. FAA Headquarters Legal Department
5. True

**ANSWERS TO EXERCISE QUESTIONS (cont'd)**

- 6. b. Chain-of-Custody
- 7. a. Employee
- 8. False
- 9. b. 0.04
- 10. False
- 11. False
- 12. b. Mouthpiece

***Exercise 4 - Page 39***

- 1. False
- 2. d. Evidential Breath Testing Device
- 3. True
- 4. d. Weight